



Department of Permitting Services
255 Rockville Pike, 2nd Floor
Rockville, MD 20850-4166
Phone: 311 in Montgomery County or (240) 777-0311
Fax (240)-777-6262
<http://www.montgomerycountymd.gov/permitting-services>



Residential Inspection/Report Certification Duct Sealing

Residential Building Permits

The Department of Permitting Services will accept this report in lieu of inspecting the work noted below. This inspection must be certified by a contractor possessing a State of Maryland Master Heating, Ventilation, Air Conditioning and Refrigeration (HVACR) license, or a professional engineer licensed Maryland, or the permit holder.

Section 403.2.2 of the International Energy Conservation Code, 2009 edition, requires that all ducts, filter boxes and building cavities used as ducts be tested for tightness. Duct tightness test is not required if the air handler and all ducts are located within conditioned space.

Test Results

1. Post-construction test

- ☐ Leakage to outdoors _____ per 100 ft² (9.29 m²) of conditioned floor area
- ☐ Leakage _____ per 100 ft² (9.29 m²) of conditioned floor area

when tested at a pressure differential of 0.1 inch w.g. (25 Pa) across the entire system, including the manufacturer's air handler end closure. All register boots shall be taped or otherwise sealed during the test.

2. Rough-in test

- ☐ Total leakage _____ per 100 ft² (9.29 m²) of conditioned floor area when tested at a pressure differential of 0.1 inch w.g. (25 Pa) across the roughed in system, including the manufacturer's air handler enclosure. All register boots shall be taped or otherwise sealed during the test. If the air handler is not installed at the time of the test, total leakage shall be less than or equal to 4 cfm (1.89 L/s) per 100 ft² (9.29 m²) of conditioned floor area.

Certification of Test Results

I certify this report is true and that the equipment has been tested in compliance with IECC as appropriate. This certification represents the completion of this phase of construction.

Mechanical permit number _____ Date tested _____

Name (print) of authorized individual

☐ MD HVACR master license number _____

☐ MD Professional Engineer license number _____

☐ Permit holder

Signature _____

Seal (PE only)

**PROVIDE an ORIGINAL COPY to the INSPECTOR at JOB SITE
SUPPLEMENTAL TESTING REPORTS and INSPECTION RECORDS SHALL BE
ATTACHED to this REPORT**